

Name _____ SSN _____

I claim benefits for the week ending Saturday _____

ANSWER ALL QUESTIONS TRUTHFULLY and CERTIFY BY SIGNING BELOW

1. Did you actively seek work? [] YES [] NO
If "YES," list all the contacts on your Work Search Log (Form Me. B-101).
2. Were you fully able to work each day of the week claimed? [] YES [] NO
- 2A. If you are in approved training, were you able to attend all scheduled approved training during the week claimed? [] YES [] NO
3. Were you fully available for work each day of the week claimed? [] YES [] NO
4. Did you refuse any jobs offered for the week claimed? [] YES [] NO
If "YES," explain in Remarks.
5. Did you refuse any referrals from the CareerCenter? [] YES [] NO
If "YES," explain in Remarks.
6. Did you receive any of the following – Bonus Pay, Vacation Pay, Holiday Pay, Dismissal Wages, Wages in Lieu of Notice, Social Security, or a Pension – during the week claimed? [] YES [] NO
Type Pay _____ Amount \$ _____ Date Received _____
7. Did you work or earn any money during the week claimed (including self employment or commission sales)? [] YES [] NO
A. If "YES," Employer Name and Address _____

B. Dates _____ Gross _____ No. of _____
Worked _____ Earnings \$ _____ Hrs. Worked _____
You must provide verification of your earnings before benefits can be paid.
C. Are you still employed? [] YES [] NO
If "NO," give Date of Separation _____ Reason for Separation _____
D. If employed full time, give date work started (date) _____
8. Are you claiming benefits for dependent children? [] YES [] NO
If "YES," complete A, B, and C.
A. Was your spouse employed **full time** during the week claimed? [] YES [] NO
B. Does your spouse contribute some support to dependents? [] YES [] NO
C. Explain any changes in number of dependents claimed in Remarks.
9. If your address/telephone has changed, please enter here: _____

REMARKS:

I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements made on this claim. I am not seeking any other State, Railroad, or Federal unemployment insurance.

➡ **SIGN HERE** _____ Date _____

For Office Use Only: Report Date for this Claim _____

BYE _____ LO _____ Week _____ ERI _____

Me. B-100 Web (rev. 12/04)